

THE ANNALS OF PHARMACOTHERAPY

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4. Explanation about any similar work by the author(s) or data from the same study that is under review or in press, or results previously presented or published (see "Duplicate Publication");
5. Request for anonymity during peer review, if desired (see also "Title Page");

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Research Reports: Original research involving medication effectiveness, safety, pharmacoeconomics, pharmacokinetics, pharmacogenomics, interactions, adherence and use, and pharmacy practice. Meta-analyses are also considered research. Well-designed prospective studies are given highest priority for acceptance. Limitations of studies must be stated in the text. All reports must include, when applicable, a statement in the Methods section that the work was conducted in compliance with Institutional Review Board/Human Subjects Research Committee requirements.

Abstract: 300 words	Text: 3000 words
References: 30	Tables/figures: 4

Review Articles: Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Some articles are selected for *The Annals'* continuing education program (PharmaCE), for which the author provides a goal, objectives, and questions according to guidelines available from the Editorial Office. Reviews must synthesize and critically evaluate available data rather than simply describing the findings. Articles are classified using the subcategories below:

SPECIALTIES: Reviews within a specific clinical area (eg, cardiology, critical care, infectious diseases, oncology, pediatrics, psychiatry), drug interactions and reactions, and other areas such as pharmacoeconomics or pharmacoepidemiology.

Abstract: 300 words	Text: 4000 words
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DRUG INFORMATION ROUNDS: Answers to specific questions related to drug therapy that include recommendations based on available studies.

Abstract: 300 words	Text: 2000 words
References: 25	Tables/figures: 1

DRUG SELECTION PERSPECTIVES: Comparisons of drugs within a class or in different classes with the same indication(s).

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References: 100	Tables/figures: 4

FORMULARY FORUM: Comprehensive, comparative reviews of single drug entities to aid in the understanding of the merits of the agent relative to others in its class.

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NEW DRUG APPROVALS: Brief reviews of single drug entities that have recently received FDA approval.

Abstract: 300 words	Text: 2000 words
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NEW DRUG DEVELOPMENTS: Reviews of single drug entities or classes of agents undergoing Phase 3 investigation with high potential for FDA approval within 2–3 years.

Abstract: 300 words	Text: 4000 words
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THERAPEUTIC CONTROVERSIES: Critical and balanced assessments of current problems or controversial issues in clinical therapeutics that provide recommendations based on literature and clinical experience.

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THERAPEUTIC MONITORING: Reviews of drug therapy monitoring for purposes of optimizing treatment in individual patients or populations.

Abstract: 300 words	Text: 4000 words
References: 100	Tables/figures: 4

Case Reports: New or unusual events in one or more patients that expand the knowledge about common disease states or provide significant information about drug safety, adverse reactions, or interactions. Clinical and laboratory data and concurrent medications or diseases should be documented. Case reports describing adverse events should adhere to the International Society for Pharmacoepidemiology and International Society of Pharmacovigilance's Guidelines for submitting adverse event reports for publication (Pharmacoepidemiol Drug Saf 2007;16:581-7. DOI 10.1002/pds.1399). Before submitting a report of an adverse drug reaction, the Naranjo ADR probability scale (Clin Pharmacol Ther 1981;30:239-45) or other validated and appropriate scale should be used to assess the likelihood that the events were drug-related. Likewise, for reports of drug interactions, the DIPS scale (Ann Pharmacother 2007;41:674-80. DOI 10.1345/aph.1H423) or another validated scale should be applied. Ranking from the scale must be included in both abstract and text. Priority is given to cases for which the scores indicate a probable or definite association.

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References: 25	Tables/figures: 4

Special Contributions: Articles on unusual, topical, or historical subjects that are of unique interest or importance. Contact the Editorial Office prior to submission.

International Reports: Research, reviews, or reports on pharmacy practice and health care that are specific to countries other than the US.

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Editorials and Opinions: Viewpoints on diverse, controversial, or topical subjects. Contact the Editorial Office prior to submission.

Abstract: 100 words (unstructured)	Text: 1500 words
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Letters and Comments: Letters and comments should address areas related to clinical practice, research, or education, including recently published articles. Letters are limited to no more than five authors. In cases where adverse effects or drug interactions are described, the Naranjo ADR probability scale or DIPS scale, respectively, should be used to determine the likelihood that the adverse effect was drug-related (see "Case Reports"). Comments must be submitted within 6 months of an article's publication.

Abstract: none	Text: 500 words
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8. Information about presentation of the work as an abstract or poster, if applicable;
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Structured Abstract: Abstracts should be no more than 300 words. See the Author Information section on *The Annals'* Web site or abstracts in any recent issue of the journal for examples of proper abstract subheadings and content for each article category. Guidelines for the preparation of structured abstracts and examples of each are available from www.theannals.com or the Editorial Office. Reference citations are not used in the abstract.

Text: Appropriate headings and subheadings should be used liberally throughout the text. Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers' code numbers should be used only when a generic name is not yet available. Trade names should be included only to

distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

References: All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure legends should be denoted with superscript Arabic numerals.

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List all authors when there are 6 or fewer; with 7 or more authors, list the first 3, followed by et al.

To facilitate online retrieval of references, include a citation's digital object identifier (DOI) if available. More information about DOIs can be obtained at www.crossref.org or dx.doi.org. When citing articles that have been published online prior to print, authors are encouraged to include the date published online (Epub date) in addition to the full print information. Examples of correct referencing style are given below.

ARTICLE

Baldwin DS, Heldbo Reines E, Guiton C, Weiller E. Escitalopram therapy for major depression and anxiety disorders. *Ann Pharmacother* 2007;41:1583-92. Epub 11 Sept 2007. DOI 10.1345/aph.1K089

ARTICLE WITH URL

Centers for Disease Control and Prevention. Strongyloidiasis. www.dpd.cdc.gov/dpdx/HTML/Strongyloidiasis.htm (accessed 2007 Aug 17).

ABSTRACT

Rao N, Knebel W, Bergsma T, et al. Population pharmacokinetics of istradefylline (abstract 13). *J Clin Pharmacol* 2007;47:1185.

JOURNAL SUPPLEMENT

Ries AL, Bauldoff GS, Carlin BW, et al. Pulmonary rehabilitation executive summary: Joint American College of Chest Physicians/American Association of Cardiovascular and Pulmonary Rehabilitation Evidence-Based Clinical Practice Guidelines. *Chest* 2007;131(suppl):1S-3S. DOI 10.1378/chest.07-0892

JOURNAL OR MAGAZINE PAGINATED BY ISSUE

Vyzral K. Legislative update. *Ohio Pharmacist* 2007;56(9):17.

BOOK CHAPTER

Shah M, Cunningham MJ. Toxicogenomics. In: Gad SC, ed. *Handbook of pharmaceutical biotechnology*. 1st ed. Hoboken, NJ: John Wiley & Sons, Inc., 2007:229-51.

PACKAGE INSERT

Product information. Zantac (ranitidine). Research Triangle Park, NC: GlaxoSmithKline, June 2007.

SCIENTIFIC PRESENTATION

Davis TM, Yeap B, Bruce DG, Davis WA. Lipid-lowering therapy protects against peripheral sensory neuropathy in type 2 diabetes. Presented at: 67th Scientific Sessions. American Diabetes Association Annual Meeting, 2007.

MONOGRAPH IN ELECTRONIC FORMAT

Tamoxifen. DRUGDEX System. Greenwood Village, CO: Thomson Micromedex, expires 2007 Dec 31 (accessed 2007 Jan 11).

Appendices: When necessary, appendices should be used to present lengthy or detailed surveys, descriptions of extensive mathematical calculations, and/or itemized lists. They should be placed (with legends as needed) following the reference list in the manuscript. Lengthy appendices, such as algorithms, surveys, and protocols, will be published only online; the URL will be provided in the printed article where the appendix is cited.

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- 5. All abbreviations are defined unless they are standard units of measurement
- 6. Results of the Naranjo, DIPS, or other validated and appropriate scale are included for case reports and letters when adverse drug reactions or drug interactions are being reported
- 7. Tables are double-spaced and on separate pages
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